

FALL REGISTRATION - 2016Save time...on-line at, www.branfordrecreation.org

If using the web for the first time, please call the office for a username and password.

Directions:

Please fill out this form completely. We will be updating our database. Incomplete forms will be returned un-processed holding up your registration. Please include proof of residence. (i.e. license or tax bill).

Please make checks payable to "Treasurer, Town of Branford" There is a \$25.00 Return check fee charge by the Town of Branford.

Put all forms in a white Business size envelope and drop it in the drop box or mail it to Branford Recreation Department, 46 Church St.

NOTE: Please Print Neatly. Please list all activities

Household Last Name: _____ Home Phone: (____) _____

Address: _____ City _____ Zip _____

Email Address: _____

Mother's Name: _____ Home: _____ Work: _____ Cell/Beeper: _____

Father's Name: _____ Home: _____ Work: _____ Cell/Beeper: _____

Emergency Contact: _____ Home: _____ Work: _____ Cell/Beeper: _____

Name of Participant	Age	DOB	Grade	Gender	Activity Name	Code #	Fee	Shirt Size
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
						TOTAL:		
SCHOLARSHIP DONATION	****	*****	*****	****	*****			
						GRAND TOTAL		

Release of Liability: I waive all rights and release all claims that might be held against the Town of Branford, the Branford Recreation Department, its officials, representatives, agents, employees, and its hired or contracted instructors, their employees and agents, for any and all injuries or losses which may be suffered because of my participation of my child's or my children's participation in the above activities that are offered by the Town of Branford, in consideration of permission of the district to participate in the activity. The signer hereby certifies to the Town of Branford and the Recreation Department Staff that the participant is in good mental, physical and health condition and is able to participate in said activities listed above. In addition, I have read the refund policy in the program brochure and agree to its terms and conditions.

Parent/Guardian-Please print your name: _____

Parent/Guardian Signature: _____ Date: _____

Method of payment: Cash: _____ Check#: _____

Please Circle: VISA Master card Credit Card: Exp. Date: ____/____/____



For office use only: Processed By: _____

NOTES: _____